



Thomas P. Gilson, M.D.
Medical Examiner

CUYAHOGA COUNTY MEDICAL EXAMINER

11001 Cedar Avenue
Cleveland, OH 44106
(216) 721-5610

Cause Of Death Report

Case Number: IN2011-01125

Name: Howard A Hammon III

AKA:

Pathologist COD Date:

Date of Death: 6/13/2011

On or About Death Date:

Post Type: POST

Pathologist: Armstrong M.D., Erica J.

Body Condition: Normal

Gen Typist: Nugent, Elizabeth

Cause Of Death:

Pending

*Sudden death in association w/ physical altercation none sustaining & handling
intoxication by the combined effect of alcohol, opiates and cardiovascular and
cardiac hypertrophy*

[Signature], M. D.
Cuyahoga County Medical Examiner

[Signature]
Date

OK S. O'Brien
Revisions:

_____, M. D.
Cuyahoga County Medical Examiner

Date

Preliminary Marks:

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 1829

Ohio Department of Health

VITAL STATISTICS

State File No. 2011062127

Registrar's No. 1800-2011006837

Supplementary Medical Certification

500186

Name of Deceased HOWARD A HAMMON III			
Place of Death Hospital - Emergency Room / Outpatient			Date of Death June 13, 2011
23. Registrar's Signature <i>Frankie Lozton</i>		24. Date Filed SEP 01 2011	
25a. Certifier (Check only one)		<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.	
26b. Time of Death 2345		26c. Date Pronounced Dead (Mo/Day/Year) June 13, 2011	
26e. Signature and Title of Certifier <i>Thomas P. Gilson</i> M.D., M.E.		26f. License number 35.062126	
		26g. Date Signed August 31, 2011	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death GILSON, THOMAS P, 11001 CEDAR AVENUE, CLEVELAND, OH, 44106			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. SUDDEN DEATH IN ASSOCIATION WITH PHYSICAL ALTERCATION, PRONE POSITIONING WITH HANDCUFFING, INTOXICATION BY THE COM-		UNKNOWN
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of) Bined Effects Of Ethanol, Opiates And Cannabinoids, And Cardiac Hypertrophy.		UNKNOWN
Enter Underlying Cause (Last (Disease or Injury that initiated events resulting in a death))	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Obesity. Atherosclerotic And Hypertensive Cardiovascular Disease.			29a. Was an Autopsy Performed? Yes
			29b. Were Autopsy Findings Available Prior to completion of Cause of Death? Yes
30. Did Tobacco Use Contribute to Death? Yes	31. If Female, Pregnancy Status NOT APPLICABLE.		32. Manner of Death Homicide
33a. Date of Injury (Mo/Day/Year) June 13, 2011	33b. Time of Injury 23:04 ap.	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) INTERSECTION OF	33d. Injury at Work? No
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) Pearl (US 42) And Fowles Road(s), MIDDLEBURG HEIGHTS, OHIO			
33f. Describe How Injury Occurred: See Part I.			33g. If Transportation Injury, Specify:

HEA 2752
Rev. 01/07THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS
Required by section 3705.27 of the Ohio Revised Code

500186



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